ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE | | | | | |
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| FEE DETERMINATION | | | | | | | | |
| O.I.P.E. CLASSIFIER | | | | | | | | |
| FORMALITY REVIEW | (F) | | 10-17-00 | | | | | |
| RESPONSE FORMALITY REVIEW | | | 1 | | | | | |
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INDEX OF CLAIMS

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| = Allowed | Interference |
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If more than 150 claims or 10 actions staple additional sheet here